

**Methods for Members with Special Health
Care Needs Performance Measures**

**Aged, Blind, or Disabled (ABD)
Program**

Provider Agreement with Contract Period ending June 30, 2007

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Issued: February, 2007

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OVERVIEW

Methodology

The methods to identify members with the targeted conditions that ODJFS mandated for case management are mostly consistent (the exception is for severe cognitive and/or developmental limitation) with the diagnostic criteria used in the *Methods for Clinical Performance Measures: Aged, Blind, or Disabled Program* for the following conditions:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Mental Health, Severely Mentally Disabled (SMD)
- Substance Abuse
- Diabetes
- Non-Mild Hypertension
- Coronary Artery Disease

Data Sources

The sources of the data for calculating the measures is as follows:

- (1) MCP submitted encounter data and Medicaid fee-for-service claims data.
- (2) ODJFS recipient master file to obtain recipient demographic and eligibility information.
- (3) Case management data submitted and accepted in the Case Management System (CAMS).

Report Periods

The applicable report period for the methods included in this document is:

April – June 2007

Year Prior to Reporting Period

The measures which identify members with a specific condition use a combination of encounter data and Medicaid FFS claims data in the year prior to the reporting period. The only exception to this use of data is for the mandated condition severe cognitive limitation and/or developmental limitation which only uses Medicaid FFS claims data.

Code Table

Methods for selected measures will reference the following code tables.

Table CLMS-1: List of Applicable Provider Types

Claims submitted by the following provider types will be used to identify members with specific diagnoses for the following measures, as applicable.	
01 – General Hospital	22 – Physician (DO), Individual
04 - Outpatient Health Facility	23 – Physician (DO), Group
05 – Rural Health Facility	50 – Comprehensive Clinic
12- Federally Qualified Health Center	52 – Public Health Dept. Clinic
20 – Physician (MD), Individual	53 – Clinic, Rehabilitation
21 – Physician (MD), Group	84 – Ohio Department of Mental Health
	86 – Skilled Nursing Facility

Case Management of Members

The average monthly case management rate for members who have at least three months of consecutive enrollment in one MCP.

Numerator: Sum of the numerators used to calculate the monthly case management rates during the report period.

Denominator: Sum of the denominators used to calculate the monthly case management rates during the report period.

Monthly Case Management Rate:

Numerator: The number of members in case management for at least 7 days during the reporting month who were in the denominator.

Denominator: The sum of all members who had at least three months of consecutive enrollment in the MCP prior to the reporting month.

Example

(Report Period: July- September):

	<u>Members Case Managed</u>	Total Number of Members (with at least 3 months of consecutive enrollment in the MCP)	Monthly CM Rate
July:	50	500	10.0%
August:	60	510	11.8%
September:	<u>65</u>	<u>525</u>	<u>12.4%</u>
	175	1,535	11.4%

Data Source: CAMS

Case Management of Members with an ODJFS-Mandated Condition Measure 1: Asthma

Table ASM-1: Codes to Identify Asthma

ICD-9 Diagnosis Code	
493.xx	Asthma

Table ASM-2: Methods to Identify Members with Persistent Asthma

Members must meet one of the four criteria below.	
Group 1.	Member has at least one emergency department visits (Table ASM-3) with asthma as the principal diagnosis (Table ASM-1).
Group 2.	Member has at least one acute inpatient discharge (Table ASM-3) with asthma as the principal diagnosis (Table ASM-1).
Group 3.	Member has at least four outpatient asthma visits (Table ASM-3) with asthma as one of the listed diagnoses (Table ASM-1) and at least two asthma medication dispensing events.
Group 4.	Member has at least four asthma medication dispensing events (i.e., an asthma medication dispensed on four occasions). <ul style="list-style-type: none"> · A members with at least four asthma medication dispensing events, where leukotriene modifiers were the sole asthma medication dispensed will be excluded from the denominator unless the member also has at least one diagnosis of asthma in any setting in the same year as the leukotriene modifier. <p><i>A list of NDC codes for the appropriate denominator (i.e., members with persistent asthma) asthma medications may be found at www.ncqa.org.</i></p>

Table ASM-3: Codes to Identify Asthma Visit Type

Description	CPT	UB-92 Revenue Codes
Outpatient	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99382-99386, 99392-99396, 99401-99404, 99411, 99412, 99420, 99429, 99499	51x, 52x, 57x-59x, 77x, 82x-85x, 88x, 982, 983
Acute inpatient	99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291	10x, 110-114, 119, 120-124, 129, 130-134, 139, 140-144, 149, 150-154, 159, 16x, 20x-22x, 72x, 80x, 987
Emergency department	99281-99285	45x, 981

Measure 1: Asthma

The percent of members with a positive identification through an ODJFS administrative review of data for the ODJFS-mandated case management condition of asthma who have had at least three consecutive months of enrollment in one MCP that are case managed.

Numerator: Number of members in the denominator who are receiving case management services for asthma with a case management span of at least 7 days during the report period.

Denominator: Number of members who were: 1) identified through encounter data and/or FFS claims as having a diagnosis of persistent asthma (Table ASM-2) within the year prior to the report period; and 2) had at least three consecutive months of enrollment in the MCP prior to the report period.

Data Source: Encounter Data, Fee-for-Service Claims Data, CAMS Data

Measure 2: Chronic Obstructive Pulmonary Disease (COPD)

Table COPD-1: Codes to Identify COPD

ICD-9 Diagnoses Codes	
491.XX	Chronic bronchitis
492.XX	Emphysema
496.XX	Chronic airway obstruction, not elsewhere classified

Measure 2: COPD

The percent of members with a positive identification through an ODJFS administrative review of data for the ODJFS-mandated case management condition of chronic obstructive pulmonary disease who have had at least three consecutive months of enrollment in one MCP that are case managed.

Numerator: Number of members in the denominator who are receiving case management services for COPD with a case management span of at least 7 days during the report period.

Denominator: Number of members who were: 1) identified through encounter data and/or FFS claims as having a diagnosis of COPD (Table COPD-1) within the year prior to the report period as reported on claims submitted by the provider types listed in Table CLMS-1; and 2) had at least three consecutive months of enrollment in the MCP prior to the report period.

Data Source: Encounter Data, Fee-for-Service Claims Data, CAMS Data

Measure 3: Congestive Heart Failure (CHF)

Table CHF-1: Codes to Identify Congestive Heart Failure

ICD-9 Diagnosis Codes	
428.xx	Heart failure
398.91	Rheumatic heart failure (congestive)

Measure 3: CHF

The percent of members with a positive identification through an ODJFS administrative review of data for the ODJFS-mandated case management condition of congestive heart failure who have had at least three consecutive months of enrollment in one MCP that are case managed.

Numerator: Number of members in the denominator who are receiving case management services for CHF with a case management span of at least 7 days during the report period.

Denominator: Number of members who were: 1) identified through encounter data and/or FFS claims as having a diagnosis of CHF (Table CHF-1) within the year prior to the report period as reported on claims submitted by the provider types listed in Table CLMS-1; and 2) had at least three consecutive months of enrollment in the MCP prior to the report period.

Data Source: Encounter Data, Fee-for-Service Claims Data, CAMS Data

Measure 4: Mental Health, Severely Mentally Disabled (SMD)

Table SMD-1: Codes to Identify SMD

ICD-9 Principal Diagnosis Codes	
293.xx	Transient mental disorders due to conditions classified elsewhere
294.xx	Persistent mental disorders due to conditions classified elsewhere
295.xx	Schizophrenic disorders
296.xx	Episodic mood disorders
297.xx	Delusional disorders
298.xx	Other nonorganic disorders
299.xx	Pervasive developmental disorders

Measure 4: SMD

The percent of members with a positive identification through an ODJFS administrative review of data for the ODJFS-mandated case management condition of severe mental illness who have had at least three consecutive months of enrollment in one MCP that are case managed.

Numerator: Number of members in the denominator who are receiving case management services for SMD with a case management span of at least 7 days during the report period.

Denominator: Number of members who were: 1) identified through encounter data and/or FFS claims as having a diagnosis of SMD (Table SMD-1) within the year prior to the report period as reported on claims submitted by the provider types listed in Table CLMS-1; and 2) had at least three consecutive months of enrollment in the MCP prior to the report period.

Data Source: Encounter Data, Fee-for-Service Claims Data, CAMS Data

Measure 5: Substance Abuse

Table AOD-1: Codes to Identify AOD

ICD-9 Diagnosis Codes	
291.xx	Alcohol induced mental disorders
292.xx	Drug induced mental disorders
303.xx	Alcohol dependence syndrome
304.xx	Drug dependence
305.0x	Alcohol abuse
305.2x- 305.9x	Other drug abuse
535.3	Alcohol gastritis
571.1	Acute alcohol hepatitis

Table INP-1: Codes to Identify Acute Inpatient Discharges

UB-92 Type of Bill
11x, 12x, 41x, 42x, 84x

Table ED-1: Codes to Identify Emergency Department Visits

UB-92 Revenue 45x, 981	AND	UB-92 Type of Bill 13x
<i>OR</i>		
CPT 10040 – 69979	AND	POS 23
<i>OR</i>		
CPT 99281-99285		

Measure 5: Substance Abuse

The percent of members with a positive identification through an ODJFS administrative review of data for the ODJFS-mandated case management condition of high risk or high cost substance abuse disorders who have had at least three consecutive months of enrollment in one MCP that are case managed.

Numerator: Number of members in the denominator who are receiving case management services for ‘alcohol and other drug abuse’ with a case management span of at least 7 days during the report period.

Denominator: Number of members who were: 1) identified through encounter data and/or FFS claims as having at least one AOD-related acute inpatient admission or at least two AOD-related Emergency Department (ED) visits within the year prior to the report period (“AOD-related” includes AOD acute inpatient admissions or ED visits with an AOD diagnosis as any of the listed diagnoses on the encounter/claim) within the year prior to the report period; and 2) had at least three consecutive months of enrollment in the MCP prior to the report period. See table AOD-1 to identify AOD diagnosis codes. See tables IP-1 and ED-1 to identify acute inpatient admissions and ED visits. Note: Claims for Medicaid services provided by the Ohio Department of Alcohol and Drug Addictions Services will not be used in this measure.

Data Source: Encounter Data, Fee-for-Service Claims Data, CAMS Data

Measure 6: Diabetes

Table DIAB-1: Codes to Identify Diabetes

ICD-9 Diagnosis Codes			
250	Diabetes mellitus	366.41	Diabetic cataract
357.2	Polyneuropathy in diabetes	648.0	Diabetes mellitus
362.0	Diabetic retinopathy		

Table DIAB-2: Methods to Identify Diabetic Members

? Two methods identify diabetic members.
? A member must be identified in <u>only one</u> method.
Method 1: Pharmacy Members who were dispensed insulin or oral hypoglycemics/antihyperglycemics (drug list is available on the NCQA's website at www.ncqa.org).
Method 2: Inpatient, Outpatient & Emergency Department visits
Members who had:
i. Two (2) visits with different dates of service in an outpatient or nonacute inpatient setting with a diagnosis of diabetes per table DIAB-1, OR
ii. One (1) visit in an acute inpatient <u>or</u> emergency department setting with a diagnosis of diabetes per table DIAB-1

Table DIAB-3: Codes to Identify Visit Type

Description	CPT	UB-92 Revenue Codes
Outpatient	92002-92014, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456, 99499	51x, 52x, 57x-59x, 77x, 82x-85x, 88x, 982, 983
Nonacute inpatient	99301-99313, 99315, 99316, 99318, 99321-99328, 99331-99337	118, 128, 138, 148, 158, 19x, 55x, 66x
Acute inpatient	99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291	10x, 110-114, 119, 120-124, 129, 130-134, 139, 140-144, 149, 150-154, 159, 16x, 20x-22x, 72x, 80x, 987
Emergency dept.	99281-99285	45x, 981

Measure 6: Diabetes

The percent of members with a positive identification through an ODJFS administrative review of data for the ODJFS-mandated case management condition of diabetes who have had at least three consecutive months of enrollment in one MCP that are case managed.

Numerator: Number of members in the denominator who are receiving case management services for diabetes with a case management span of at least 7 days during the report period.

Denominator: Number of members who were: 1) identified through encounter data and/or FFS claims as diabetic (Table DIAB-2) within the year prior to the report period; and 2) had at least three consecutive months of enrollment in the MCP prior to the report period.

Data Source: Encounter Data, Fee-for-Service Claims Data, CAMS Data

Measure 7: Severe Cognitive and/or Developmental Limitation

Table SCDL-1: Code to Identify Severe Cognitive and/or Developmental Limitation

Procedure Code	
Z9999	Total case management

Measure 7: Severe Cognitive and/or Developmental Limitation

The percent of members with a positive identification through an ODJFS administrative review of data for the ODJFS-mandated case management condition of severe cognitive and/or developmental limitation who have had at least three consecutive months of enrollment in one MCP that are case managed.

Numerator: Number of members in the denominator who are receiving case management services for severe cognitive and/or developmental limitation with a case management span of at least 7 days during the report period.

Denominator: Number of members who were: 1) identified through encounter data and/or FFS claims as having a diagnosis of severe cognitive and/or developmental limitation (Table SCDL-1) within the year prior to the report period; and 2) had at least three consecutive months of enrollment in the MCP prior to the report period.

Data Source: Fee-for-Service Claims Data, CAMS Data

Measure 8: Hypertension (non-mild)

Table HYP-1: Codes to identify Hypertension (non-mild)

CPT Code	
362.11	Hypertensive retinopathy
401.0	Essential hypertension, malignant
402.xx	Hypertensive heart disease
403.xx	Hypertensive kidney disease
404.xx	Hypertensive heart and kidney disease
437.2	Hypertensive encephalopathy

Measure 8: Hypertension (non-Mild)

The percent of members with a positive identification through an ODJFS administrative review of data for the ODJFS-mandated case management condition of non-mild hypertension who have had at least three consecutive months of enrollment in one MCP that are case managed.

Numerator: Number of members in the denominator who are receiving case management services for non-mild hypertension with a case management span of at least 7 days during the report period.

Denominator: Number of members who were: 1) identified through encounter data and/or FFS claims as having a diagnosis of non-mild hypertension (Table HYP-1) within the year prior to the report period as reported on claims submitted by the provider types listed in Table CLMS-1; and 2) had at least three consecutive months of enrollment in the MCP prior to the report period.

Data Source: Encounter Data, Fee-for-Service Claims Data, CAMS Data

Measure 9: Coronary Artery Disease

Table CAD-1: Codes to Identify Coronary Artery Disease

ICD-9 Diagnosis Codes	
410.xx	Acute Myocardial Infarction
411.xx	Other acute/subacute forms of ischemic heart disease
412.xx	Old myocardial infarction
413.xx	Angina pectoris
414.0x	Coronary atherosclerosis
414.8	Other specified forms of ischemic heart disease
414.9	Chronic ischemic heart disease, unspecified
429.2	Cardiovascular disease, unspecified
996.03	Mechanical complication of cardiac device/coronary bypass graft
V45.81	Aortocoronary bypass status

Measure 9: Coronary Artery Disease (CAD)

The percent of members with a positive identification through an ODJFS administrative review of data for the ODJFS-mandated case management condition of coronary artery disease who have had at least three consecutive months of enrollment in one MCP that are case managed.

Numerator: Number of members in the denominator who are receiving case management services for non-mild hypertension with a case management span of at least 7 days during the report period.

Denominator: Number of members who were: 1) identified through encounter data and/or FFS claims as having a diagnosis of CAD (Table CAD-1) within the year prior to the report period as reported on claims submitted by the provider types listed in Table CLMS-1; and 2) had at least three consecutive months of enrollment in the MCP prior to the report period.

Data Source: Encounter Data, Fee-for-Service Claims Data, CAMS Data